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11002 U.S. PTO 09/981178

Docket: 2334 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Gene Stellon, et al

Divisional of Serial No.: 09/526,837

Examiner: Unknown

Group Art Unit:

Unknown

Filed:

Concurrently Herewith

For:

TROCAR SYSTEM AND METHOD OF USE

APPLICATION TRANSMITTAL LETTER

Asst. Commissioner For Patents Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the [x] utility $[\]$ design patent application in this case including:

- 1. [x] This application is a [] Continuation; [x] Divisional
 - [] Continuation in Part of prior application Serial No. <u>09/526,837</u> filed on <u>March 16, 2000.</u>
- 2. [] This application claims priority from Provisional Application No. , filed ______.
- 3. [x] The application consisting of <u>18</u> pages (including specification, claims and abstract).
- 4. [x] 13 sheet(s) of drawings is enclosed. The drawings are:
 - a. [x] formal; or
 - b. [] informal; formal drawings will be submitted in due course.
- 5. [x] A signed declaration and power of attorney from the parent application is enclosed.

6. [] A declaration and power of attorney is <u>not</u> enclosed at this time since it <u>has not</u> been executed by the inventor(s). A signed declaration and power of attorney will be submitted in due course.

The inventors are: Gene A. Stellon, David C. Racenet, Ralph A. Stearns and Adam Lehman.

- 7. [x] A copy of the Recorded Assignment of the invention from the parent application to <u>United States Surgical Corporation</u>, a division of Tyco <u>Healthcare Group LP.</u> is enclosed
- 8. [x] Please cancel claims <u>1-10</u> as originally filed before calculating the filing fee.
- 9. [x] The Application filing fee is calculated below.

No. Filed No. E	Extra*	Rate:	Fee	_	
Basic Fee:				10.00	\$ 740.00
Total Claims: $3 - 20 =$ Indep Claims: $1 - 3 =$				x 18.00 x 84.00	\$ \$
indep Claims. 1 - 3 -				X 04.00	Ψ
[] Multiple Dependent Claims					
Presented	+ \$270.00	:	\$	<u>0.00</u>	

TOTAL:

\$740.00

10. [x] Please charge Deposit Account No. 21-0550 in the amount of \$740.00 (which includes filing fee and recordation fee).

TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.

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11. [x] The Commissioner is hereby authorized to charge any additional fees which may be required for this application, or credit any overpayment to Deposit Account No. 21-0550. TWO DUPLICATE COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Date: [15 Oct 160]

Lawrence Cruz Reg. No. 36,385

Attorney for Applicant

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, Connecticut 06856 (203) 845-4562

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CERTIFICATE OF EXPRESS MAILING

"Express Mail" Mailing Label No.: EK018946488US

Date of Deposit: October 16, 2001

I hereby certify that the following:

- [x] This Certificate of Express Mailing
- [x] Application Transmittal letter
- [x] A patent application consisting of <u>18</u> pages of abstract, specification and claims
- [x] Copy of Declaration and Power of Attorney for patent application from parent application
- [x] 13 sheets of [x] formal [] informal drawings
- [x] Copy of Recorded Assignment from parent application
- [x] Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Asst. Commissioner for Patents, Washington, D.C. 20231.

Vanessa Mastri

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856